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CONFIRMATION NO. 2109

<b>SERIAL NUMBER</b> 10/791,467	<b>FILING DATE</b> 03/01/2004  <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> 52494/2102
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**APPLICANTS**  
  
 James M. Mason, Bethpage, NY;  
  
 \*\* CONTINUING DATA \*\*\*\*\* *OK or*  
 This application is a CON of 09/040,103 03/17/1998 PAT 6,743,631  
  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *None or*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>David Mason</i> Allowance Examiner's Signature Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
 26646  
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**TITLE**  
 Use of human serum resistant vector particles and cell lines for human gene therapy

<b>FILING FEE RECEIVED</b> 863	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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